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PTO/SB/21 (09-04)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number

09/264,547

Filing Date

March 8, 1999

First Named Inventor

JONES, TIMOTHY N.

Art Unit

3732

Examiner Name

John J. Wilson

Attorney Docket Number

018563-006000US

## ENCLOSURES (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Application Data Sheet, Return Postcard |
|--|---|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

S. B. Kotwal

Printed name

Sujit B. Kotwal

Date

September 20, 2005

Reg. No.

43,336

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Krista K. Merrimac

Typed or printed name

Krista K. Merrimac

Date

September 20, 2005



## Application Data Sheet

### Application Information

Application number::	09264547
Filing Date::	03/08/99
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SUBDIVIDING A DIGITAL DENTITION MODEL
Attorney Docket Number::	018563-006000US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	14
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: TIMOTHY  
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Family Name:: JONES  
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State or Province of Residence:: CA  
Country of Residence:: US  
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City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94043

Applicant Authority Type:: Inventor  
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Given Name:: MUHAMMAD  
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State or Province of mailing address::

Country of mailing address:: US  
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Country of Residence:: US  
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City of Mailing Address:: Redwood Shores  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94065

Applicant Authority Type:: Inventor  
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Family Name:: BALA  
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City of Mailing Address:: San Jose

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95119

### **Correspondence Information**

Correspondence Customer Number:: 46718

### **Representative Information**

Representative Customer Number:: 46718

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/169,276	10/08/98
09/169,276	Claims priority from	PCT/US98/12861	06/19/98
PCT/US98/12861	Claims priority from	08/947,080	10/08/97
08/947,080	An Appn claiming	60/050,342	06/20/97
	benefit under 35 USC		
	119(e) of		

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name:: Align Technology, Inc.  
Street of mailing address:: 881 Martin Avenue  
City of mailing address:: Santa Clara  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95050-2903